

Highlights

Mortality Trends

Overall life expectancy at birth remained the same and infant mortality was nearly level between 1998 and 1999, based on preliminary data. The Tenth Revision of the International Classification of Diseases (ICD-10) for coding cause of death was implemented in the United States in 1999, creating discontinuities in mortality trends between 1998 and 1999. Statements about mortality trends below take into account the effect of ICD-10 on the trend.

■ In 1999 **life expectancy** at birth for the total population was unchanged from the record 76.7 years in 1998, based on preliminary data. Between 1993 and 1999 life expectancy at birth increased 3.2 years for black males to a record 67.8 years and 1.5 years for white males to a record 74.6 years (table 28).

■ **Infant mortality** remained essentially unchanged between 1997 and 1999 at 7.1–7.2 deaths per 1,000 live births (based on preliminary data), after declining at an average rate of nearly 4 percent per year between 1970 and 1997 (table 23).

■ Mortality from **heart disease**, the leading cause of death, continued to decline in 1999, based on preliminary data. Since 1970 heart disease mortality has declined at an average rate of about 2 percent per year (tables 30 and 32).

■ Mortality from **cancer**, the second leading cause of death, declined 6 percent between 1990 and 1998, and continued to decline in 1999 (preliminary data), after adjusting for the discontinuity in the trend due to implementing ICD-10. In contrast cancer mortality increased slowly between 1970 and 1990 (tables 30 and 32).

■ Mortality from **stroke**, the third leading cause of death, continued to decline in 1999 (preliminary data), after adjusting for the discontinuity in the trend due to implementing ICD-10. Between 1990 and 1998 stroke mortality declined slowly at an average rate of 1 percent per year. In contrast stroke mortality declined more rapidly between 1970 and 1990 at an average rate of about 4 percent per year (tables 30 and 32).

■ Mortality from **chronic lower respiratory diseases**, the fourth leading cause of death, increased 13 percent between 1990 and 1998 and continued to increase in 1999, based on preliminary data. The upward trend in mortality from this cause is driven mainly by the upward trend in mortality among females (tables 30 and 32).

■ Mortality from **unintentional injuries**, the fifth leading cause of death, declined 3 percent between 1990 and 1998 and continued to decline in 1999,

based on preliminary data. The trend in unintentional injury mortality has been generally downward since the 1970's (tables 30 and 32).

Disparities in Mortality

Disparities in mortality among racial and ethnic groups continue. Starting with 1999 data, disparities among groups are measured using death rates age adjusted to the year 2000 standard population instead of the 1940 population. Disparities are generally smaller using this new standard, reflecting the greater weight that the 2000 standard gives to the older population for whom mortality differences among racial and ethnic groups tend to be smaller.

■ In 1998 **infant mortality** rates were higher for infants of black, Hawaiian, and American Indian mothers (13.8, 10.0, and 9.3 deaths per 1,000 live births) than for infants of other race groups. Mortality rates for infants of Hispanic and non-Hispanic white mothers were similar (5.8 and 6.0 per 1,000 live births) (table 20).

■ **Infant mortality** decreases as the mother's level of education increases and this disparity is greater for white mothers than for mothers of other racial and ethnic groups. In 1998 mortality for infants of non-Hispanic white mothers with less than 12 years of education was double that for infants whose mothers had 13 or more years of education. The disparity in infant mortality by mother's education was 36 percent for non-Hispanic black mothers and 8 percent for Mexican American mothers (table 21).

■ In 1999 overall mortality was one-third higher for **black Americans** than for white Americans. Preliminary age-adjusted death rates for the black population exceeded those for the white population by 38 percent for **stroke**, 28 percent for **heart disease**, 27 percent for **cancer**, and more than 700 percent for **HIV disease** (table 30).

■ **Homicide** is the leading cause of death for **young black males** 15–24 years of age and the second leading cause for **young Hispanic males**. In 1999 the preliminary homicide rate for young black males was 17 times the rate for young non-Hispanic white males, and the rate for young Hispanic males was 7 times the rate for young non-Hispanic white males. (table 46).

■ **HIV disease** is the leading cause of death for **black males** 25–44 years of age and the third leading cause for **Hispanic males** in that age group. In 1999 the preliminary death rate for HIV disease for black males 25–44 years was more than 7 times the rate for non-Hispanic white males, and the rate for Hispanic

males 25–44 years was more than double the rate for non-Hispanic white males of that age (table 43).

■ In 1999 the preliminary death rate for **motor vehicle-related injuries for young American Indian males** 15–24 years of age was about 80 percent higher than the rate for young white males, and the preliminary **suicide** rate for young American Indian males was about double the rate for young white males. Death rates for the American Indian population are known to be underestimated (tables 45 and 47).

■ In 1999 preliminary death rates for **stroke for Asian American males** 45–54 and 55–64 years of age were 31–40 percent higher than corresponding rates for white males of those ages. Death rates for Asian Americans are known to be underestimated somewhat (table 38).

■ The risk of suicide is higher for elderly white males than for other groups. In 1999 the preliminary **suicide rate for white males** 85 years of age and over was more than 3 times that for young white males 15–24 years (table 47).

■ Between 1992 and 1999 the **occupational injury** death rate decreased 15 percent to 4.4 deaths per 100,000 employed workers. The two industries with the highest death rates were mining and agriculture, forestry, and fishing (22–24 deaths per 100,000). Construction with a death rate of 14 per 100,000 accounted for the largest number of deaths, 20 percent of all occupational injury deaths. The risk of a fatal occupational injury was highest among workers age 65 years and over (table 50).

Natality

Birth rates for teens continued the downward trend that began in 1992, while birth rates for women 25–44 years of age increased in 1999. The overall fertility rate increased for the second year after dropping each year during 1990–97. The proportion of babies born with low birthweight was unchanged from 1998.

■ In 1999 the **birth rate for teenagers** declined for the eighth consecutive year, to 49.6 births per 1,000 women aged 15–19 years, an all-time low for the Nation. Between 1991 and 1999 the teen birth rate declined more for 15–17 year-olds than for 18–19 year-olds (26 percent compared with 15 percent) (table 3).

■ In 1999 the **birth rate for unmarried women** increased slightly to 44.4 births per 1,000 unmarried women ages 15–44 years, 5 percent below its highest level, 46.9 in 1994. Over the past decade birth rates for unmarried black women declined steadily to 71.5 per 1,000; birth rates for unmarried Hispanic women

increased to 93.4 per 1,000 in 1999, reversing a 4-year decline (table 9).

■ **Low birthweight** is associated with elevated risk of death and disability in infants. In 1999 the rate of low birthweight (infants weighing less than 2,500 grams at birth) was unchanged at 7.6 percent overall, up from 7.0 percent in 1990. During the 1990's low-birthweight rates decreased slightly among black births while increasing 16–18 percent among non-Hispanic white, American Indian, and Asian or Pacific Islander births (table 12).

■ **Cigarette smoking during pregnancy** is a risk factor for poor birth outcomes such as low birthweight and infant death. In 1999 the proportion of mothers who smoked cigarettes during pregnancy declined to a record low of 12.6 percent, down from 19.5 percent in 1989. However the percent of mothers ages 18–19 years who smoked continued to increase in 1999 and smoking rates for mothers ages 20–24 years rose for the first time in a decade (table 11).

Morbidity

Activity limitation and health status (self- or family member-assessed) are two summary measures of morbidity presented in this report. Additional measures of morbidity that are presented include the incidence of specific diseases.

■ **Activity limitation** due to chronic health conditions is common among noninstitutionalized elderly persons and increases substantially with age. In 1998 about 29 percent of persons 65–74 years of age reported an activity limitation compared with 47 percent of persons 75 years of age and over. Some 10 percent of noninstitutionalized persons 75 years of age and over reported needing help with personal care needs such as bathing, dressing, and eating and 21 percent reported needing assistance with routine needs such as household chores and shopping (table 57).

■ In 1999 the percent of persons reporting **fair or poor health** was higher for non-Hispanic black and Hispanic persons (15 and 12 percent) than for non-Hispanic white persons (8 percent) (age adjusted) (table 58).

■ In 1999, 7.5 percent fewer **AIDS cases** were reported among the non-Hispanic white population 13 years and over than in the previous year, whereas there was a slight increase (1.3 percent) in the number of new cases reported among the non-Hispanic black population. Among children under 13 years of age, 31 percent fewer cases were reported in 1999, a

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continuation of the steep decline in pediatric AIDS incidence during the 1990's, principally among perinatally acquired infections (table 53).

■ **Syphilis** facilitates transmission of HIV disease. The 1999 rate of 2.5 primary and secondary syphilis cases per 100,000 population was the lowest rate since national reporting began in 1941. However the decline in the incidence rate for primary and secondary syphilis slowed to 5 percent in 1999, following average reductions of more than 20 percent per year since the last major syphilis epidemic peaked in 1990 (table 52).

■ **Gonorrhea** causes infertility and facilitates transmission of HIV disease. In 1999 gonorrhea incidence increased for the second year in a row to 133 cases per 100,000 population, following an average annual decline of 11 percent between 1990 and 1997 (table 52).

■ Incidence rates for **all cancers combined** declined in the 1990's for males but not for females. Between 1990 and 1997 age-adjusted cancer incidence rates declined on average about 2 percent per year for non-Hispanic white males and Hispanic males. Although there was no significant change in cancer incidence for females overall, among Hispanic females, rates decreased on average almost 2 percent per year and among Asian or Pacific Islander females, rates increased almost 1 percent per year (table 55).

■ The most frequently diagnosed **cancer sites in males** are prostate, followed by lung and bronchus and colon and rectum. Cancer incidence at these sites is higher for black males than for males of other racial and ethnic groups. In 1997 age-adjusted cancer incidence rates for black males exceeded those for white males by 60 percent for prostate, 58 percent for lung and bronchus, and 14 percent for colon and rectum (table 55).

■ Breast is the most frequently diagnosed cancer site in females. **Breast cancer** incidence is higher for non-Hispanic white females than for females in other racial and ethnic groups. In 1997 age-adjusted breast cancer incidence rates for non-Hispanic white females exceeded those for black females by 22 percent, for Asian or Pacific Islander females by 44 percent, and for Hispanic females by 88 percent (table 55).

■ Between 1980 and 1999 the **injuries with lost workdays** rate decreased 28 percent to 2.8 per 100 full-time equivalents (FTE's) in the private sector. The highest injury rate was reported for the transportation, communication, and public utilities industry (4.3 per 100 FTE's) (table 51).

Health Behaviors

Cigarette smoking is the single leading preventable cause of death in the United States. It increases the risk of lung cancer, heart disease, emphysema, and other respiratory diseases. Heavy and chronic use of alcohol and use of illicit drugs increase the risk of disease and injuries.

■ In 1999 **cigarette smoking** among persons 25 years of age and over ranged from 11 percent among college graduates to 32 percent among persons without a high school diploma. Between 1974 and 1999 cigarette smoking levels declined for all educational groups with more rapid declines among persons with higher education (percents are age adjusted) (table 61).

■ In 1999, 63 percent of adults 18 years of age and over reported they were **current drinkers**, 22 percent that they were lifetime abstainers, and 15 percent that they were former drinkers. Men were more likely than women to be current drinkers, one-half as likely to be lifetime abstainers, and equally as likely to be former drinkers (table 66).

■ Between 1992 and 1999 the number of **cocaine-related emergency department episodes** per 100,000 population for persons 35 years and over increased by more than 80 percent to 64 per 100,000. Among those 26–34 years, the age group with the highest episode rates, the 1999 rate (162 per 100,000) was 16 percent higher than in 1992. The same patient may be involved in multiple drug-related episodes (table 65).

■ Between 1993 and 1999, the percent of high school students who reported attempting suicide (8–9 percent) and whose **suicide attempts** required medical attention (about 3 percent) remained fairly constant. In 1999 girls were 80–90 percent more likely than boys to consider suicide or attempt suicide, and 50 percent more likely to make an attempt that required medical attention. In 1999 adolescent boys (15–19 years of age), however, were five times as likely to die from suicide as were adolescent girls, in part reflecting their choice of more lethal methods, such as firearms (table 59).